6784

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06766

Item 8 film G168 7/21/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georgs MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 38
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park 44
STREET ADDRESS (If rural give location) 5021 Lakeland Rd.

3. NAME OF DECEASED: (First) James (Middle) (Last) Adams
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8/5/1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hallie Adams 5021 Lakeland Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443K

IMMEDIATE CAUSE (A) HYPERTENSIVE CARDIOVASCULAR DISEASE

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Poss. Aortic Aneurism & Rupture DUE TO

(C) Poss. Myocardial Infarct

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1954 to 7/2, 1954 that I last saw the deceased alive on 7/1/54 1954, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE Albert Roth M. D. ADDRESS Riverdale DATE SIGNED 7-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-6-54
NAME OF CEMETERY OR CREMATORY Hamlet
LOCATION (City, town, or county) (State) Hamlet N.C.

DATE REC'D BY LOCAL REGISTRAR July 7-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Henry S Washington ADDRESS 467 N St. N.W. D.C.
7/8/54

RECEIVED
JUL 12 1954
BUREAU V. S.

6785

06767

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Maryland - Pr. Georges — STATE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4520 R. I. Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Matthew	Nicholas	Bailey Jr	7	5	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	9-15-31	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	Lumber	Hertford N. C.	U.S.A.

13. FATHER'S NAME: Matthew N. Bailey Sr.
14. MOTHER'S MAIDEN NAME: Jessie D. Burke.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes - 1952	No 1953	578-40-5090	Jessie Bailey - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral laceration

(c) Compound comminuted fracture skull

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Bladensburg	Pr. Geo.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☒	Not while at work ☐	HOW DID INJURY OCCUR?
7	5	54	4:45 p.m.			Driver of automobile in collision with truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D.	Dep. Md. Exam.	Hyattsville, Md	7-8-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	July 8 1954	467 N St NW.	Washington	DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/8/54	Amanda Downey	W. S. Washington & Sons	Washington DC.

RECEIVED
JUL 12 1954
BUREAU V. S.

6786

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06768

Item 7,11,13,14 Film G168A 7/26/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 38 LENGTH OF STAY (in this place) 7 1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landover X
STREET ADDRESS (If rural give location) Bright Seat Rd.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Bradley (Last) Bean
4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 9-7-86
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Md (Pr. Geo. County)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E. Bean
14. MOTHER'S MAIDEN NAME: Katherine Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs 50 min

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1:00 PM 7/18, 1954, to 8:50 PM 7/18, 1954, that I last saw the deceased alive on 7/18, 1954, and that death occurred at 8:50 P.M, from the causes and on the date stated above.

SIGNATURE Joseph E. Rawlings Jr. M.D. ADDRESS 6124 Central Ave. Capitol Hts. Md. DATE SIGNED 7/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7/19/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Wash, D.C.

DATE REC'D BY LOCAL REGISTRAR 7/19/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Lee Funeral Home — ADDRESS Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

Dr. John Maloney called ~~Tuesday~~
Concerning this Certificate and his
permission granted for signing
the Certificate.-

RECEIVED
JUL 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6823 CERTIFICATE OF DEATH Reg. Dist. No. 06762091

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE GEO'S 20 HOSPT

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood 34
STREET ADDRESS (If rural give location) 4308 38th St.

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) M (Last) BELL

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec 31, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Perry Co, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Crowell

14. MOTHER'S MAIDEN NAME: Ida Daniels

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.: yes.

17. INFORMANT & ADDRESS: Donald B. Bell 4308 38th St. Brentwood, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Metastatic Disease — Interval Between Onset And Death: 3 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinomatosis, generalized — 1 year

DUE TO

(c) Carcinoma of Cervix — 3 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-31-1950 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma Cervix

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1950, to July, 1954, that I last saw the deceased alive on July 16, 1954, and that death occurred at 11:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Benjamin S. Miller M D Fort Lincoln July 17 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF 7-20-54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Bladensburg Md.

DATE REC'D BY LOCAL REGISTRAR July 19 19 54 | REGISTRAR'S SIGNATURE Amanda Downing

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St. S.E. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1954
BUREAU V. S.

6824

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06770

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights; LENGTH OF STAY (In this place) 18 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1102-64-Pl. X Rt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights, Md; STREET ADDRESS (If rural, give location) 1102-64-Pl. Rt

3. NAME OF DECEASED (Type or Print): (First) Ira (Middle) B (Last) Black

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 15 1900

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: MD. State govt

11. BIRTHPLACE (State or foreign country): Salvda S.C.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Byrd Black

14. MOTHER'S MAIDEN NAME: Henrietta Oliphant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elezer Black, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive-Cardiovascular Disease — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension-C.V.D. — 1949

(c) Arterio Sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1949 to July 28, 1957, that I last saw the deceased alive on July 28, 1957, and that death occurred at 1:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H.E. Bellon M.D.

ADDRESS: 4423-Hunt-Pl NE Wash 19-DC

DATE SIGNED: 7-28-57

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF: 7/31/57

NAME OF CEMETERY OR CREMATORY: Paynes Cemetery

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: July 29, 1957

REGISTRAR'S SIGNATURE: Carrie F. Campbell

24. FUNERAL DIRECTOR: H.L. Washington & Sons

ADDRESS: 467 N St NW Wash. D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 2 1954
BUREAU V. S.

6787

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06771

CERTIFICATE OF DEATH

Reg. Dist. No. 231

Item 7 film G168A 8/6/54 cm

1. PLACE OF DEATH.
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 4326 - Underwood. St

3. NAME OF DECEASED: (First) Mary. (Middle) . (Last) Bowen
(Type or Print)

4. DATE OF DEATH. (Month) July (Day) 30 (Year) 1954

5. SEX: Fe.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 2-17-1883

9. AGE last birthday 71 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marshall T. Hughes

14. MOTHER'S MAIDEN NAME: Anna F Linnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Catherine B. Scott as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 32 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Generalized Arteriosclerosis — Unk

(C) DUE TO Arthritis, Severe — 20 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: C

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to July 30, 1954, that I last saw the deceased alive on July 29, 1954, and that death occurred at 7 48 A-M, from the causes and on the date stated above.

SIGNATURE Gordon W. Kelley M.D. ADDRESS Hyattsville DATE SIGNED Pr Geo Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transportation | DATE THEREOF 7-30-54 | NAME OF CEMETERY OR CREMATORY Ansel Funeral Home | LOCATION (City, town, or county) (State) Walhalla, So. Carolina Oconee

DATE REC'D BY LOCAL REGISTRAR 7/30/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR E. Bosley & Son's | ADDRESS Hyattsville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 4 1
BUREAU V S.

6825 MARYLAND STATE DEPARTMENT OF HEALTH 06772

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 7 2 7

1. PLACE OF DEATH: COUNTY Prince George's Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill X — LENGTH OF STAY (in this place) 3 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill , Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4545- Wheeler Road S. E.	STREET ADDRESS (If rural, give location) 4545- Wheeler Road S. E.

3. NAME OF DECEASED (Type or Print)	(First) HERBERT	(Middle) M.	(Last) BRAGG	4. DATE OF DEATH	(Month) July 11th. (Day) 1954 (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 29th. 1895	9. AGE last birthday 58 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman	10b. KIND OF BUSINESS OR INDUSTRY Washington, Ter.	11. BIRTHPLACE (State or foreign country) Buckingham Co., Virginia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Edwin Bragg	14. MOTHER'S MAIDEN NAME Mary Ragland				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Myrtle Bridggs,Rt #1,Box 285-E. Lorton, Va.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 X

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓ — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James H Boyd — (Degree or title) M. D. — ADDRESS Forestville, Md. — DATE SIGNED 7/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 13 1954	NAME OF CEMETERY OR CREMATORY Sharon Cooper Cemetery	LOCATION (City, town, or county) Fairfax (State) Va
DATE REC'D BY LOCAL REG. July 11-54	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR W. C. Cunningham, Alex	ADDRESS Va

July 13, 1954 Carrie Campbell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 19 1954
BUREAU V. S.

6788

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06773

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) Buck

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1954

5. SEX Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 11 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Business

10B. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Buck

14. MOTHER'S MAIDEN NAME: Susan (nee Robison) Buck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Lena Buck Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO Generalized Arteriosclerosis — Unk

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1950, to July, 1954, that I last saw the deceased alive on July 16, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE J. K. Dancer M. D. ADDRESS Upper Marlboro Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/18/54 — NAME OF CEMETERY OR CREMATORY Trinity Cemetery — LOCATION (City, town, or county) (State) Upper Marlboro Md.

DATE REC'D BY LOCAL REGISTRAR 7/20/54 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

RECEIVED
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BUREAU V. S.

06774

MARYLAND

STATE DEPARTMETT OF HEALTH

6826

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 5310 St. Barnabas Rd.

3. NAME OF DECEASED (Type or Print) (First) MINA (Middle) AGNES (Last) BURKE
4. DATE OF DEATH (Month) July (Day) 31st (Year) 1954
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 11th 1881
9. AGE last birthday 73 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Charles Co. Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Richard Ball
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Viola Hargett (Daughter) 5310 St. Barnabas Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary arteriosclerotic Heart Dis with Congestive failure — 3 wks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Metastatic

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma, general, secondary to breast carcinoma — 8 yrs

19a. DATE OF OPERATION 1946 1
19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1954, to July 31, 1954, that I last saw the deceased alive on July 31, 1954, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Kessenich M.D. ADDRESS 3003 Naylor Rd. DATE SIGNED Aug 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 8/3/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Wash. DC

DATE REC'D BY LOCAL REG. Aug. 2, 1954
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St. S.E.

MARGIN RESERVED FOR BINDING

Item 21 Film 3168A 8-2-54 ams 6789 06775

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Butler
4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Mar 8 1879
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Henry Butler
14. MOTHER'S MAIDEN NAME: Isabelle Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Joannie E Butler Same #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 902.0
Immediate cause (a) Pulmonary embolism
DUE TO
Antecedent cause(s) (b) Fracture of left hip
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 7-7-54
19b. MAJOR FINDING OF OPERATION: Fracture of left hip
20. AUTOPSY? Yes ☑ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Croome (County) P.G. (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-23-54 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Slipped and fell off the porch

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Royal M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/19/54
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Upper Marlboro Md. (State)
DATE REC'D BY LOCAL REG. 7/16/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR H. S. Washington & Sons Inc. ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUL 22 1
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C827

06776

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. [illegible]

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) 8 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7700 Walker Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 7700 Walker Mill Rd

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Henrietta May Butts

4. DATE OF DEATH (Month) (Day) (Year) 7 18 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 2, 1897
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Janette McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Walter Butts, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Toxemia, exhaustion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of uterus
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7-22-54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Maryland

DATE REC'D BY LOCAL REG. [illegible] 20-54
REGISTRAR'S SIGNATURE [illegible] phell
24. FUNERAL DIRECTOR W.W. Chambers Co. 517 11th St S.E D.C
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06777

6775

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4601 Amherst

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Paark
STREET ADDRESS (If rural give location) 4601 Amherst Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Peterson (Last) Byron

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Apr. 15, 1882

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or Foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paschal Peterson

14. MOTHER'S MAIDEN NAME: Elmyra Nunnalee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Katharine B. Patrick As Above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral hemorrhage.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertensive heart disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rt - hemiparesis - 94.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2-9, 1954, to 7/27, 1954, that I last saw the deceased alive on 7/29, 1954, and that death occurred at 11:45 P M, from the causes and on the date stated above.

SIGNATURE William M. Tessier M. D. ADDRESS 30 B. Ridge Rd; Greenbelt DATE SIGNED 7/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 3, 1954 | NAME OF CEMETERY OR CREMATORY Arlington Cemetery | LOCATION (City, town, or county) Arlington (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 2 1954 | REGISTRAR'S SIGNATURE John D Smith | 24. FUNERAL DIRECTOR F Gaschere ADDRESS Hyattsville Md

RECEIVED
AUG 5 1954
BUREAU V. S.

06778

MARYLAND : 6790

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 289

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel 41 — LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium 6

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel 4
STREET ADDRESS (If rural, give location): Brooklyn Bridge Road

3. NAME OF DECEASED (Type or Print) (First) (~~Middle~~) (Last): JOHN CADWALLADER
4. DATE OF DEATH (Month) (Day) (Year): 7- 7- 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH: 4-6-1873
9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Mfg. General Cable
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Cadwallader
14. MOTHER'S MAIDEN NAME: — Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: J. C. Cadwallader Box 329 Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days

Antecedent cause(s) (b) Chronic Myocarditis + Endocarditis — Several years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) General + Cerebral Arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Slight stroke 2 years ago.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-, 1954, to 7-7-, 1954, that I last saw the deceased alive on 7-6-, 1954, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

SIGNATURE: James P. Sands, M.D. (Degree or title) — ADDRESS: Laurel Sanitarium Laurel, Md. — DATE SIGNED: 7-7-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/9/54 — NAME OF CEMETERY OR CREMATORY: Meadowridge Cem. — LOCATION (City, town, or county) (State): Darsey, Md

DATE REC'D BY LOCAL REG.: July 9-54 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR: De Witt Danielson — ADDRESS: Laurel Md

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06779

CERTIFICATE OF DEATH

Reg. Dist. No. 243

6828

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) X
LENGTH OF STAY (in this place) 2 yrs. 2 mo. 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 935 - 9th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) G. (Last) Copsey

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	single	12/10/99	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Caddy	None	Charles Co., Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William A. Copsey	Mary E. Sinclair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	-	lost	Decedent

4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs 1 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
2		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18, 1952, to 7/6, 1954, that I last saw the deceased alive on 7/5, 1954, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Leo Princeau	M.D.	Glenn Dale MD.	7/6/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7/6/54		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/6/54	[illegible]	W. W. Chambers Co.	1400 Chapin St. N.W.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 13 19
BUREAU V. S.

MARYLAND 6776 06780

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Prince Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home 5805-Queens Chapel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 3726 LIVINGSTON ST NW

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) (Last) Duke

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Dec 28, 1891

9. AGE last birthday 62 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY Vet. Adm.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Casco L. Duke

14. MOTHER'S MAIDEN NAME Clara Godey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) ---

16. SOCIAL SECURITY NO. ----

17. INFORMANT AND ADDRESS C. G. Duke 3726-Livingston St NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	Few hrs.
Antecedent cause(s)	(b) Arteriosclerosis	10+ yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Pneumbe heart disease	20+ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1954, to July 12, 1954, that I last saw the deceased alive on July 12, 1954, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE E. Rechnitzer, MD (Degree or title) ADDRESS 1841 Ave Pl NW DATE SIGNED 7-12-54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial DATE 7-15-54 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) (State) Suitland Maryland

DATE REC'D BY LOCAL REG. July 12 1954 REGISTRAR'S SIGNATURE Mrs. Jas Seward Deputy Coroner

24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2401-14 St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 15 1954
BUREAU V. L

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 film G168A 7/26/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 2182

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 5805 Queens Chapel Rd.

3. NAME OF DECEASED: (Type or Print) (First) Augusta (Middle) B. (Last) Dyer

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 18 July 1869.
9. AGE last birthday 85/86 — yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Beck
14. MOTHER'S MAIDEN NAME: Catherine Kellene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Sacred Heart Home Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arterio-sclerotic Disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gangrene Right Foot

19A DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1954, to 7/19, 1954, that I last saw the deceased alive on 7/18, 1954, and that death occurred at 6 50 A M, from the causes and on the date stated above.

SIGNATURE James R. Goodson M.D. ADDRESS 1746 K St N.W. Washington D.C. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/21/54
NAME OF CEMETERY OR CREMATORY Oak Hill
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR July 19 1954
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Jos F Birch's Sons ADDRESS 3034 M St N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

JUL 22 1954

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 06782

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville — LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11107 Queen Anne Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location) 11107 Queen Anne Ave

3. NAME OF DECEASED: (Type or Print) (First) Willard (Middle) Owen (Last) Evans

4. DATE OF DEATH (Month) 7 (Day) 27 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Jan. 31, 1897	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Night Watchman	High School	Maryland	U.S.A.

13. FATHER'S NAME: Caleb Evans

14. MOTHER'S MAIDEN NAME: Mary Jane Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
?		179-12-1412	Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic valvular heart disease	
	DUE TO (c)	Myocarditis.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Auricular Fibrillation & Hypertension

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md). M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 7-27-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	7/28/54		Orancock	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27 1954	John D. Smith	F. Gosche Son	Hyattsville, Md

REC
AUG 2
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6782 CERTIFICATE OF DEATH

Reg. Dist. No. 06385

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK | LENGTH OF STAY (in this place) 3½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7213-13th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural give location) 7213-13th Ave

3. NAME OF DECEASED: (Type or Print) (First) MARION (Middle) KATHERINE (Last) FERGUSON

4. DATE OF DEATH: (Month) July (Day) 14, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
FEMALE	WHITE	WIDOWED	FEB. 15, 1868	86 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM T. TREYNOR
14. MOTHER'S MAIDEN NAME: MARY HADLEY

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT'S ADDRESS: WILLIAM T. ANDERSON 7213-13th Ave TAKOMA PARK MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertension - Generalized arterio-sclerosis
DUE TO
(c) Senility

Interval Between Onset And Death: Oct. 1953

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0
(CITY OR TOWN) 0 (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Oct. ..., 1926, to July 14, 1954 that I last saw the deceased alive on 7/14/54 19 , and that death occurred at 9:30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Chas L. Dennis MD
ADDRESS 1301 Mass. Ave. NW. D.C.
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 7-17-54
NAME OF CEMETERY OR CREMATORY GLENWOOD
LOCATION (City, town, or county) WASHINGTON (State) D.C.
DATE REC'D BY LOCAL REGISTRAR July 15 1954
REGISTRAR'S SIGNATURE James Dewey

24. FUNERAL DIRECTOR W. W. CHAMBERS Co.
ADDRESS 1400-CHAPIN ST. WASHINGTON D.C.

RECEIVED
JUL 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06784

6779 CERTIFICATE OF DEATH Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. RAINIER
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4212 - 29 ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE INDIANA COUNTY HUNTINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUNTINGTON
STREET ADDRESS (If rural give location) 336 Whitelock ST.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) MYRTLE (Last) FIRST

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1954

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN 17 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): INDIANA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN A. FALK

14. MOTHER'S MAIDEN NAME: PHILONA GOFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: E.L. MOCK, M.D 4212 - 29 ST MT RAINIER Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL THROMBOSIS — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) CEREBRAL VASCULAR SCLEROSIS — 5 yrs
DUE TO (c) ARTERIO-SCLEROTIC HEART DISEASE — 15 yrs
(d) GENERALIZED ARTERIAL SCLEROSIS — 15 yrs

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH, 1954, to JULY, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin S. Miller M.D. ADDRESS 3824 - 34 ST. MT RAINIER DATE SIGNED 7.15.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/16/54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Bluffton, Ind.

DATE REC'D BY LOCAL REGISTRAR July 16, 1954 REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR Hadley Funeral Home, Inc ADDRESS 3200 - R. I. Ave. Mt. Rainier, Md

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08669

6792

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine
STREET ADDRESS (If rural give location) Rt 2 - Box. 207

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Ford.

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH: 22 July 54
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Ford
14. MOTHER'S MAIDEN NAME: Lorraine Hemsley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity (1000 gm. 35 cm)
DUE TO
ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1954 to July 27 1954 that I last saw the deceased alive on July 27, 1954, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE John W. Perkins
ADDRESS M. D. 5301 Hamilton St. Hyattsville Md
DATE SIGNED 8/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 9/7/54
NAME OF CEMETERY OR CREMATORY Prince George's General Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 9/10/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr.
ADDRESS Ley St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06785

6793

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERLY 3 MD.
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE GEORGES [illegible] CHEVERLY, MD 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY PRINCE GEORGES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X CHAPEL OAKS
STREET ADDRESS (If rural give location) 5117 [illegible]

3. NAME OF DECEASED: (Type or Print) (First) EVLA (Middle) (Last) FUNDERBURKE

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 1-15-11
9. AGE last birthday 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Embolism (Right lower lobe) — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSE (S) DUE TO (B) Pulmonary Tuberculosis (left lower lobe) — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Miliary Tuberculosis (Questionable) — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8-54, 19..., to 7-7-, 1954, that I last saw the deceased alive on 7-7-, 1954, and that death occurred at 12 45 M, from the causes and on the date stated above.

SIGNATURE Albert Roth M. D. ADDRESS Riverdale DATE SIGNED 7-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7/8/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 7/8/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Frazier Funeral ADDRESS Home, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06786

67-94 CERTIFICATE OF DEATH Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4227 - 75th Ave.
STREET ADDRESS (If rural give location) Landover, Md

3. NAME OF DECEASED: (First) Wayne (Middle) EUGENE (Last) Fugate
4. DATE OF DEATH: (Month) July (Day) 31, (Year) 19 54

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 6-23-54
9. AGE last birthday: 5 weeks yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fugate, Kenneth
14. MOTHER'S MAIDEN NAME: Phyllis A. Barlow Fugate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Kenneth Fugate 4227 - 75th ave Landover Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (B) DUE TO Aspiration and — 10 min

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Interstitial Pneumonia — 6 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1954 to July 31, 1954 that I last saw the deceased alive on July 31, 1954 and that death occurred at 11:45 P.M., from the causes and on the date stated above.
SIGNATURE AND M.D. John W. Perkin ADDRESS 5201 Hamilton St. Hyattsville DATE SIGNED Jul 8/4/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL | DATE THEREOF: Aug 3, 1954 | NAME OF CEMETERY OR CREMATORY: Nat. Memorial Park Cemetery | LOCATION (City, town, or county) (State): Falls Church Virginia

DATE REC'D BY LOCAL REGISTRAR: Aug 3, 1954 | REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Gasch's Sons ADDRESS: Hyattsville, Maryland.

RECEIVED
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BUREAU V. S.

06787

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

6795

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 817-58th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 817-58th Ave Capitol Heights
STREET ADDRESS (If rural, give location) 817-58th Ave

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) FLORENCE (Last) GARRETT

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 25, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Rice Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Garrett

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Edw B Garrett - 817-58th Ave, Capitol Hgts Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Cardio-vascular DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) renal disease DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 15 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1940, to July 2, 1954, that I last saw the deceased alive on June 25, 1954, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William Brannum MD 6424 Central Ave, Capitol Hgts Md 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/5/54

NAME OF CEMETERY OR CREMATORY Baptist Church Cem.

LOCATION (City, town, or county) (State) Rice Va.

DATE REC'D BY LOCAL REG. July 2, 54

REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR ADDRESS Robert A. Mattingly 131-11th St S.E. Wash. D.C.

RECEIVED
JUL 6 1954
BUREAU V. S.

06788

MARYLAND STATE DEPARTMETT OF HEALTH

6796

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md. X
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Canary Cottages, College Pk. Md. COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN //
STREET ADDRESS (If rural, give location) 4408 Queensbury Road, Riverdale, Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Lillie Florance Green

4. DATE OF DEATH (Month) (Day) (Year) July 19, 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 4-16-1876

9. AGE last birthday 78 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Silemo Sellers Long

14. MOTHER'S MAIDEN NAME Altarzere Adelaide Sisk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 1 Mo.

Antecedent cause(s) General arteriosclerosis — 5 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Breast Surg. 1950.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to July 19, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE L. W. Malin (Degree or title) M.D. ADDRESS Riverdale, Md DATE SIGNED 7-19-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 7/21/54 NAME OF CEMETERY OR CREMATORY Christian Church Cemetery LOCATION (City, town, or county) Lindville (State) Va.

DATE REC'D BY LOCAL REG. July 20 1954 REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR F. Gascha sons Hyattsville, Md ADDRESS

06784

MARYLAND

STATE DEPARTMETT OF HEALTH

C797

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6000 Rhode Island Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 6000 Rhode Island Avenue

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Abraham (Last) Gunn

4. DATE OF DEATH Month July (Day) 1 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 25, 1868
9. AGE last birthday 85 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salvation Army officer
10b. KIND OF BUSINESS OR INDUSTRY Salvation Army
11. BIRTHPLACE (State or foreign country) Kingston Interior
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Gunn.
14. MOTHER'S MAIDEN NAME not known.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs Daisy Gunn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

Antecedent cause(s) General arteriosclerosis — 5 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1938, to July 1, 1954, that I last saw the deceased alive on June 29, 1954, and that death occurred at 1 45 p m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale, Md DATE SIGNED 7-1-54

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ BURIAL
DATE July 6, 1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Prince George County (State) Md

DATE REC'D BY LOCAL REG. July 3, 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Reg. of Registrar
24. FUNERAL DIRECTOR W. W. CHAMBERS, CO. ADDRESS Riverdale, Md.

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6330

CERTIFICATE OF DEATH

06790

Reg. Dist. No. 7-2

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERKSHIRE
LENGTH OF STAY (in this place) 4 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3703-73rd AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERKSHIRE
STREET ADDRESS (If rural give location) 3703-73rd AVE.

3. NAME OF DECEASED: (Type or Print) (First) WILLIE (Middle) MAE (Last) HALIDAY

4. DATE OF DEATH: (Month) JULY (Day) 15 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: MAY 4, 1880

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: LOUIS MELCHIOR

14. MOTHER'S MAIDEN NAME: ANNIE ENGLEBACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: 3703-73rd AVE FRED L. KING. BERKSHIRE MD.

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a)	Cerebral Hemorrhage	1 mo
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertension	?
	DUE TO (c)	Arteriosclerosis	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950 to 7-13, 1954, that I last saw the deceased alive on 7-13, 1954 and that death occurred at 2.15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) John T. Hazard M.D. ADDRESS 816 Md Ave N.E. Wash. D.C. DATE SIGNED 7-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/16/54 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland (State) md.

DATE REC'D BY LOCAL REGISTRAR July 16-1954 REGISTRAR'S SIGNATURE Edna Kitchen

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St SE

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06791

6831

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Beltsville
MARYLAND LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4707 Montgomery Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Beltsville
STREET ADDRESS (If rural give location): 4707 Montgomery Ave.

3. NAME OF DECEASED: (First) Easter (Middle) E. (Last) Hanna

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 4, 1909

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electronic inspector

10B. KIND OF BUSINESS OR INDUSTRY: E. R. Co.

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Irving Harvey

14. MOTHER'S MAIDEN NAME: G. Prescott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: Unknown

17. INFORMANT & ADDRESS: Lester J. Hanna Same as #2.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CEREBRAL ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSE (S) DUE TO (B) Chronic hypertension — 4 years?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1951, to 7/14, 1954, that I last saw the deceased alive on 7/14, 1954, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE M. D. Louis Mendel — ADDRESS College Park — DATE SIGNED 7/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 7/17/54 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR: 7-19-1954 — REGISTRAR'S SIGNATURE: John D. Smith

24. FUNERAL DIRECTOR: F. Gasch's Sons — ADDRESS: Hyattsville Maryland.

RECEIVED
JUL 21 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06792

CERTIFICATE OF DEATH

0798

Reg. Dist. No. 245

1. PLACE OF DEATH: Eugene Leland Memorial Hosp.
COUNTY Prince George's County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Maryland 25
LENGTH OF STAY (in this place) 2 days 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4408 Queensbury Rd. Riverdale, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: 16 Baltimore St.
STATE Savage, Md. COUNTY Howard
CITY OR TOWN Savage
STREET ADDRESS (If rural give location) 16 Balto. St.

3. NAME OF DECEASED: (Type or Print) (First) Micheal (Middle) Clinton (Last) Harris

4. DATE OF DEATH: (Month) 7-15-54 (Day) (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Newborn

8. DATE OF BIRTH: 7-13-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 2 Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Riverdale, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clinton Ira Harris

14. MOTHER'S MAIDEN NAME: Eva Elizabeth Mullis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mother's Chart

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO pulmonary artery atresia (congenital) — Interval Between Onset And Death 48 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1954, to July 15, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. W. Madden M.D. — ADDRESS Riverdale, Md. — DATE SIGNED 7-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/16/54 — NAME OF CEMETERY OR CREMATORY Evergreen Cemetery — LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/16/54 — REGISTRAR'S SIGNATURE Amanda Dorsey — 24. FUNERAL DIRECTOR J. Davis Sons — ADDRESS Hyattsville, Md.

July 19/54 James Dorsey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06793

6799

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale. 25
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5818 Quintana St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale.
STREET ADDRESS (If rural give location) 5818 Quintana St.

3. NAME OF DECEASED: (Type or Print) (First) Juliana (Middle) — (Last) Haussmann

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 1954.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH: May 15, 1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H-wife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): New Jersey.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferdinand Trunak.
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Albert E. Haussmann 5818 Quintana St, Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 3 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Sclerosis — 3 years

DUE TO

(c) Atheroma.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to 7-2, 1954, that I last saw the deceased alive on 7-2, 1954 and that death occurred at 10:11 A.M., from the causes and on the date stated above.

SIGNATURE Albert Roth (Degree or title) M.D. ADDRESS Riverdale DATE SIGNED 7-16-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/19/54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln.
LOCATION (City, town, or county) Pr. Geo. County, (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 17, 1954
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR W.W. Chambers Co., ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06794

6833

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: 4302 Newark Rd. Ave.
COUNTY Colmar Manor, Md. MARYLAND Pr. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Georges X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4302 Newark Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colmar Manor
STREET ADDRESS (If rural give location) 4302 Newark Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Heffner

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 11/84
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Maintenance man
10b. KIND OF BUSINESS OR INDUSTRY: Stewart Motor Co.
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: 212-09-5476
17. INFORMANT & ADDRESS: Mrs. Dorothy Mayhew 4302 Newark Rd. Colmar Manor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Starvation — Interval Between Onset And Death: 2 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinomia Pharynx — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to July, 1954, that I last saw the deceased alive on June 29, 1954, and that death occurred at 2:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin S Miller MD
ADDRESS Mt. Rainier Md
DATE SIGNED July 3 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/6/54
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md.
DATE REC'D BY LOCAL REGISTRAR 7/7/54
REGISTRAR'S SIGNATURE Amanda Sourney
24. FUNERAL DIRECTOR Malley's Funeral Home Inc.
ADDRESS 3200 R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06795

6833

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: Prince George's County — COUNTY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Roger Heights Md
LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5507 Emerson St,.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: Maryland — COUNTY: Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Roger Heights Md.
STREET ADDRESS (If rural give location): 5507 Emerson Street,.

3. NAME OF DECEASED: (Type or Print) (First) Miller (Middle) Marshall (Last) Hickenlooper

4. DATE OF DEATH: (Month) (Day) (Year) July 17, 1954.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 15, 1908
9. AGE last birthday: 46 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electronic Engineer
10B. KIND OF BUSINESS OR INDUSTRY: U S. Government
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Frank Hickenlooper
14. MOTHER'S MAIDEN NAME: Helen Waite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) W W 11
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Clara Hickenlooper Roger Heights Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

193 x

IMMEDIATE CAUSE (A) Brain tumor — 7 mo.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1-30-54
19B. MAJOR FINDINGS OF OPERATION: Glioblastoma
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1954, to July 17, 1954, that I last saw the deceased alive on 7-17, 1954, and that death occurred at 11:45 P. M, from the causes and on the date stated above.

SIGNATURE: Thomas L. Hartman M.D. — ADDRESS: 1834 Eye N.W. — DATE SIGNED: 1-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Entombment
DATE THEREOF: July 20, 1954
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR: July 19, 1954
REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: F. Gasch's Sons — ADDRESS: Hyattsville Maryland.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07783

6800 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Croome
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Jackson

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954

5. SEX m
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: July 24. 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 14 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): 24 July 1954 -
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Coales
14. MOTHER'S MAIDEN NAME: Charlotte L Jackson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity (900 gm)
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Atelectasis
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1954, to July 25, 1954, that I last saw the deceased alive on July 25, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE John W. Perkins M.D. ADDRESS 5301 Hewalton Ct. Heathsville Md DATE SIGNED 7/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/28/54 182260
REGISTRAR'S SIGNATURE Amanda Downey
24 FUNERAL DIRECTOR Gary W Penn Jr
ADDRESS Surfst

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1 1954
BUREAU V. S.

6834 06796

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1250-67th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo -
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural, give location) Book T. Apts. 1250-67th Place

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Allen (Last) Janifer

4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1954

5. SEX Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 31, 1917
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Book-binder
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt Printing Off.
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert E. Janifer
14. MOTHER'S MAIDEN NAME: Lula Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 Yes (If Yes, give war or dates of service) W.W 2.
16. SOCIAL SECURITY No.: 577-03-8716
17. INFORMANT & ADDRESS: Lorraine H. Janifer Wife - 216 P. St. N.W., Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hanging DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Landover - (County) Pr. Geo - (State) Md

21d. TIME OF INJURY (Month) 7 (Day) 23 (Year) 54 (Hour) 7 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Hanging -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7-27-54
NAME OF CEMETERY OR CREMATORY Arlington National Cem.
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 7-24-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Frazier Funeral Funeral Home ADDRESS 389 Rhode Island Ave. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07784

6801

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 19hrs - 20min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 7006 Southwark Terrace

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Johnson

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: July 22, 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 19 Min. 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William G. Johnson

14. MOTHER'S MAIDEN NAME: MaeBelle Wicker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) [illegible] (prematurity)

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Atelectasis

DUE TO (C) Multiple Cerebral Hemorrhages (petechial)

INTERVAL BETWEEN ONSET AND DEATH [illegible] Birth

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1954, to July 23, 1954, that I last saw the deceased alive on July 23, 1954 and that death occurred at 3:40 A.M. from the causes and on the date stated above.

SIGNATURE John W. Pulsim ADDRESS M.D. 5301 Hamilton St. - Hyattsville, Md. DATE SIGNED 7/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 8/3/54

NAME OF CEMETERY OR CREMATORY Prince Georges Gen. Corp.

LOCATION (City, town, or county) Cheverly (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/5/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Beltz W. Penfield Dept

ADDRESS 2014331405

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
AUG 20 19[illegible]
BUREAU V. S.

6835 MARYLAND STATE DEPARTMENT OF HEALTH 06797

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seabrook
LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lanham-Severn Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seabrook
STREET ADDRESS (If rural, give location) Lanham-Severn Road

3. NAME OF DECEASED (Type or Print): (First) JULLUR (Middle) (NMN) (Last) JOHNSON

4. DATE OF DEATH: (Month) July (Day) 18th, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Nov. 3rd 1884

9. AGE last birthday: 69 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Johnson County, N. Car.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wiley Jones

14. MOTHER'S MAIDEN NAME: (Unknown) Raines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Allen B. Johnson, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral compression	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebro-vascular accident.	
	(c) Cerebral hypertension	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease.

19a. DATE OF OPERATION: K
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md. 7-19-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 22/1954
NAME OF CEMETERY OR CREMATORY: Pine View Cemetery
LOCATION (City, town, or county) (State): Rocky Mount, N. Car.

DATE REC'D BY LOCAL REG.: July 20-54
REGISTRAR'S SIGNATURE: Carrie I. Lanford
24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Company, Riverdale, Md.

VS. A15A

RECEIVED
JUL 28
BUREAU V. S.

Items 8 & 9: Film G168A 7/22/54 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06798

6836

CERTIFICATE OF DEATH

Reg. Dist. No. 942

1. PLACE OF DEATH. COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4500-Suitland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 425-K St. N.E.

3. NAME OF DECEASED (Type or Print) (First) Christine (Middle) (Last) Kehl

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1954

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 25 1862 | 9. AGE last birthday 92 90 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. NO | 17. INFORMANT & ADDRESS: William L. Kehl 819-5th St. N.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerosis

ANTECEDENT CAUSE (B) DUE TO Chr. myocarditis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. no

19A. DATE OF OPERATION: no | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) no M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to July 13 1954 that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 5.58 M, from the causes and on the date stated above.

SIGNATURE A. Keene Bannia M.D. | ADDRESS 301-B N E | DATE SIGNED 7/13/54

23. BURIAL, CREMATION REMOVAL (SPECIFY) Burial | DATE THEREOF July 17-1954 | NAME OF CEMETERY OR CREMATORY Prospect Hill | LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR July 13-1954 | REGISTRAR'S SIGNATURE Edna L. Collins | 24. FUNERAL DIRECTOR J. William Lee & Sons | ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

VED
UL 19 1954
BUREAU V. S.

06799

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6802

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2601 Cheverly Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Upton St

3. NAME OF DECEASED (Type or Print) (First) Helen Lamparis (Middle) (Last)
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1954

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH unknown
9. AGE last birthday 75 yrs. If under Months | 1 year Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own Home
11. BIRTHPLACE (State or foreign country) Greece
12. CITIZEN OF WHAT COUNTRY? Greece

13. FATHER'S NAME Panayotes Pappas
14. MOTHER'S MAIDEN NAME Dermetra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Milton Lamparis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 15 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Renal Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9, 1954, to 7/24, 1954, that I last saw the deceased alive on 7/24, 1954, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert R Hattel MD
ADDRESS 1222 Monroe St NE DC
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE
NAME OF CEMETERY OR CREMATORY Glen Wood cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. July 24, 1954 7/26/54
REGISTRAR'S SIGNATURE Mrs. Jas Severe Deputy Amanda Downey Registrar
24. FUNERAL DIRECTOR J. Frank Joy
ADDRESS 5406 Ill. Ave NW Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

[illegible]
'UL 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6780 **CERTIFICATE OF DEATH** 06800

Reg. Dist. No. 2215

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4401-34th street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 4401-34th Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) J. (Last) Martin

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Nov. 17/1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret. Clerk Navy Dept.
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Rhode Island
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Martin
14. MOTHER'S MAIDEN NAME: Sarah Doole

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Florence Tillman Daughter 4401-34th St. Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4
(a) Ventricular Fibrillation — Interval Between Onset And Death: instant

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rt & Left Heart Failure — 6 mos
DUE TO (c) Arteriosclerotic Heart Disease — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to July 3rd, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at 7:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin S. Miller M.D. ADDRESS Mt. Rainier, Md. DATE SIGNED July 3 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/6/54
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo. Md.
DATE REC'D BY LOCAL REGISTRAR July 5, 1954
REGISTRAR'S SIGNATURE James Devory
24. FUNERAL DIRECTOR Nalleys Funeral Home, Inc. ADDRESS 3200 R. I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06801

6803

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 19 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo-Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo-
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt
STREET ADDRESS (If rural give location) 6. J. Ridge Rd

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) ANTHONY (Last) McCarthy

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1954

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-8-1905
9. AGE last birthday 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor
10B. KIND OF BUSINESS OR INDUSTRY: Nat. Training School for Bo
11. BIRTHPLACE (State or foreign country): OSWEGO, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PATRICK McCARTHY
14. MOTHER'S MAIDEN NAME: MARY ANN BURNS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. YES.
17. INFORMANT & ADDRESS: MRS. IMOGENE J. McCARTHY 6 J. RIDGE RD-GREENBELT MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 16 days.

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardio-vascular Cardiac — 7 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized arteriosclerosis — 7 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to July 8, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 6:10 AM, from the causes and on the date stated above.

SIGNATURE Thomas Woods M. D. ADDRESS 30 C Ridge Rd, Greenbelt, Md. DATE SIGNED 7-8-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 7/10/1954
NAME OF CEMETERY OR CREMATORY FORT LINCOLN Cem.
LOCATION (City, town, or county) (State) COLMAR MANOR MD

DATE REC'D BY LOCAL REGISTRAR 7/10/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. CHAMBERS Co- ADDRESS RIVERDALE MD

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUL 14
BUREAU V. S.

Item# 13-Birth cert. 7-2-54 PG Co.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07792

C804

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
STREET ADDRESS (If rural give location) Canary Trailer Camp

3. NAME OF DECEASED: (Type or Print) (First) Baby. (Middle) Girl. (Last) McCurry.

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Fe.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 2 July 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Nelson McCurry

14. MOTHER'S MAIDEN NAME: Mabel Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity (1700 gms) — Birth on

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Atelectasis — Birth on

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1954 to July 3, 1954 that I last saw the deceased alive on July 3, 1954, and that death occurred at 3 00 A M, from the causes and on the date stated above.

SIGNATURE John W Pierson, M. D. ADDRESS 5301 Hamilton St. Hyattsville, Md. DATE SIGNED July 3, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 7/3/54

NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp

LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/3/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Henry M Keene Jr.

ADDRESS Capitol Heights Md

20 H 0 2 3 4 0 2

RECEIVED
AUG 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07793

C805

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 3900 Hamilton St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) McDaniels

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 12, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days ? IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George McDaniels.
14. MOTHER'S MAIDEN NAME: Eleanor Emerick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Abnormal pulmonary ventilation

ANTECEDENT CAUSE (S) DUE TO (B) Hyaline membrane

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Prematurity

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1954 to 7/15, 1954, that I last saw the deceased alive on 7/15, 1954, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE T. A. Christensen M.D. ADDRESS College Park DATE SIGNED 7/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
DATE THEREOF: 8/3/54
NAME OF CEMETERY OR CREMATORY: Prince George Baltimore
LOCATION (City, town, or county) (State): Cheverly Md

DATE REC'D BY LOCAL REGISTRAR: 8/18/54 3044083311
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Harry W Penn Jr.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

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AUG 20 19[illegible]
BUREAU V. S[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06802

C806

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH. COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERLY
LENGTH OF STAY (in this place) 30 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE GEORGES G[illegible] CHEVERLY MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 27 D.C.
STREET ADDRESS (If rural give location) 5775 ADDISON RD.

3. NAME OF DECEASED (Type or Print) (First) CATHERINE (Middle) (Last) MC CARRY
4. DATE OF DEATH (Month) July (Day) 7 (Year) 1954

5. SEX: 1
6. COLOR OR RACE: W
7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 7-10-92
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: U.S. GOV'T.
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Mc Garry
14. MOTHER'S MAIDEN NAME: Julia Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Intestinal Obstruction — 6 days.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Hypertensive Cardio-Vascular Renal Disease — 20 years.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Incisional Hernia — 20 years.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to July 7, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 12 13 A.M., from the causes and on the date stated above.

SIGNATURE William Brannin M D — ADDRESS 6124 Central Ave, Capitol Hgts, Md — DATE SIGNED 7/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 7/9/54 — NAME OF CEMETERY OR CREMATORY: Mt Olivet — LOCATION (City, town, or county): Wash. — (State): DC

DATE REC'D BY LOCAL REGISTRAR: July 8, 1954 — REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Francis J. Collins — ADDRESS: 3821-14th St NW

7/9/54

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

UL 12
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06803

6807

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 6hr 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS (If rural give location) 5607 61st Place

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) McGuire

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/16/54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min. 15

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Riverdale, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph McGuire

14. MOTHER'S MAIDEN NAME: Doris Litzeinger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Patient's chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Erythroblastosis fetalis — Interval Between Onset And Death 6hr 15min.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1954 to ....., 19....., that I last saw the deceased alive on July 16, 1954, and that death occurred at 10.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin MD — ADDRESS Riverdale, Md. — DATE SIGNED 7/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-17-54 — NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR July 17, 1954 — REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR F. Gaschis Sons Hyattsville, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C837

06804

Reg. Dist. No. 24D

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham — LENGTH OF STAY (In this place) 10 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham md
STREET ADDRESS (If rural, give location) Cheltenham md RFD 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MURRAY	GRANVILLE	Metz	July	15	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 23-1871	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tobacco Farmer	owner	Wash. D.C.	U.S.A.

13. FATHER'S NAME: T. M. Metz

14. MOTHER'S MAIDEN NAME: Susie V. Leaman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Mrs. Edith Metz Cheltenham Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis — 10 Yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 15 July, 1954, to 15 July, 1954, that I last saw the deceased alive on 15 July, 1954, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
K Hanson	M D	Upper Marlboro	7-15-54

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 17-1954	Manassas	Manassas	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 17/54	F H Billingsley	Ritchie Bros.	Upper Marlboro, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6838 **CERTIFICATE OF DEATH** Reg. Dist. No. 06805 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tuxedo
STREET ADDRESS (If rural give location) 2406 - 59th Ave.

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) (Last) Oriano
4. DATE OF DEATH (Month) July (Day) 15 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 8 1867
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Philips
14. MOTHER'S MAIDEN NAME: Lena Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs Edith Fitzgerald

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 7/13/54

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive arteriosclerotic DUE TO

(C) disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 - 5, 1954 to 7/15, 1954, that I last saw the deceased alive on 7/15, 1954, and that death occurred at 7 25 A. M, from the causes and on the date stated above.

SIGNATURE George J. Hagrage
ADDRESS M.D. 3717 38th Ave College Park Md
DATE SIGNED 7/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-17-54
NAME OF CEMETERY OR CREMATORY St Marys Cem.
LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR 7/15/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J William Lee's Sons & Co.
ADDRESS 300 - 4 St NE Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
JUL 19 1954
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

C777

06806

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2301- ERSKINE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
STREET ADDRESS (If rural, give location) 2301- ERSKINE ST.

3. NAME OF DECEASED (Type or Print) (First) LAWRENCE (Middle) J. (Last) PETREY

4. DATE OF DEATH (Month) (Day) (Year) July 13 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 5-22-95

9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR CONSTRUCTOR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) KY.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME HENRY PETREY

14. MOTHER'S MAIDEN NAME ELIZABETH Kahne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I

16. SOCIAL SECURITY No. 578-07-5517

17. INFORMANT Wife (Same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	6 MONTHS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	2 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE.

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT, 1953, to July 13, 1954, that I last saw the deceased alive on July 12, 1954, and that death occurred at 4:43 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 1833 - Monroe St. NE. DATE SIGNED 7/12/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-16-54

NAME OF CEMETERY OR CREMATORY Arlington Cem.

LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. July 13, 1954

REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local

24. FUNERAL DIRECTOR Frances J. Collins ADDRESS 3821-14 N. St. N.W. Wash. D.C.

RECEIVED
JUL 15 1954
BUREAU V. S.

06807

6839

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Pinkney
4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 1954
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-12-1884
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Pinkney
14. MOTHER'S MAIDEN NAME Minnie Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ida Simmons, Clinton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18 1954 to July 19, 1954 that I last saw the deceased alive on July 19, 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Luther J. Scott M.P. ADDRESS 2504 Nichols Ave S.E. P.C. DATE SIGNED 7-19-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7-23-54
NAME OF CEMETERY OR CREMATORY Union Bethel
LOCATION (City, town, or county) (State) T.B., Md.

DATE REC'D BY LOCAL REG. July 20-54
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Myrtle K. Rollins - 4339 Hunt Pl. N.E. D.C. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 23 19[illegible]
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06808

6808 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Md. RURAL 25
LENGTH OF STAY (in this place) 1593 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Maryland
STREET ADDRESS (If rural give location) 4402 Queensburg Rd.

3. NAME OF DECEASED: (Type or Print) (First) Carolyn (Middle) (Last) Porter

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 9, 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: ? Diamond
14. MOTHER'S MAIDEN NAME: Emma Freeman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive Heart Failure	1 week
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) General arteriosclerosis	10 yrs
DUE TO		
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 4 yrs

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1950, to July 19, 1954, that I last saw the deceased alive on July 19 1954, and that death occurred at 11 45 pm., from the causes and on the date stated above.

SIGNATURE L W Malin (Degree or title) MD ADDRESS Riverdale, Md DATE SIGNED 7-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation DATE THEREOF 7/20/54 NAME OF CEMETERY OR CREMATORY Hillside Cemetery LOCATION (City, town, or county) Rutherford (State) N. J.

DATE REC'D BY LOCAL REGISTRAR July 20 1954 REGISTRAR'S SIGNATURE James Devey 24. FUNERAL DIRECTOR F Gischa Sons ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

UL 23 19[illegible]
BUREAU [illegible]

06809

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6809 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 3R
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Croome X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) Lardell (Last) Proctor

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 9 1954

9. AGE last birthday: yrs. Months Days 0 IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Louis Proctor

14. MOTHER'S MAIDEN NAME: Mary Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: James Louis Proctor Croome, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Sepsis Newborn — INTERVAL BETWEEN ONSET AND DEATH: Birth on

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Sclerederma
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9, 1954 to 7/14, 1954 that I last saw the deceased alive on 7/14, 1954 and that death occurred at 11:00 A.M. from the causes and on the date stated above.

SIGNATURE G. A. Christopher M. D. ADDRESS College Park Md. DATE SIGNED 7/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 7/15/54

NAME OF CEMETERY OR CREMATORY: Rosaryville ~~Cedarville~~ Catholic

LOCATION (City, town, or county) (State): Rosaryville, Md.

DATE REC'D BY LOCAL REGISTRAR: 7/16/54

REGISTRAR'S SIGNATURE: Amanda Dacney

24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS: Upper Marlboro, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 19 1954
BUREAU V. S.

6840

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 06810

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS rear 6767 Walker Kill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) 6767 Walker Mill Road

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frederick Radtke	7 3 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	3/11/97	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Truck	Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Albert Radtke	Amelia Stack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW 1		Charles Radtke 6760 Walker Mill Rd. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hanging	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Wooded area	21c. (City or town) Oakland	(County) P. G.	(State) Md.

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
7	3	54	A M.			Hanged self from a tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H. Long M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7/4/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/7/54	Arlington National	Arlington	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 8-1954	Edna F. Collins	F. Gasche Sons	Hyattsville Md.

VS. A15A - 5 - 53

RECEIVED
JUL 1954
BUREAU V. S.

6841 06811

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ritchie
STREET ADDRESS (If rural, give location) Central Avenue

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) Delaris (Last) Riggs
4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: April 8, 1953
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Thomas Riggs
14. MOTHER'S MAIDEN NAME: Virginia Estelle Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Joseph T. Riggs, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hydrocephalus DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 7-6-1954 NAME OF CEMETERY OR CREMATORY Union Chapel Church Cem. LOCATION (City, town, or county) Anne Arundel Co. (State) Md.

DATE REC'D BY LOCAL REG. July 4-54 REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Henry J. Washington ADDRESS 467 N 26. N.W. D.C.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

VS. A15A-5-53

RECEIVED
JUL 7
BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 2 1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2905 - N. Charles St.

3. NAME OF DECEASED: (Type or Print) (First) Marjorie (Middle) Annis (Last) Riggs

4. DATE OF DEATH (Month) (Day) (Year) 7 - 20 - 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-1-30
9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Forest W Hull
14. MOTHER'S MAIDEN NAME: Lucille G. Hall.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT & ADDRESS: Birth Certificate (Certified Copy)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhagic shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed chest & multiple lacerations
DUE TO
(c) and fractures

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
21c. (City or town) Beltsville (County) Pr. Geo. (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 - 19 - 54 10:17 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Collision involving two passenger autos.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 7/21/54
NAME OF CEMETERY OR CREMATORY Fisher Funeral Home
LOCATION (City, town, or county) La Pel (State) Indiana

DATE REC'D BY LOCAL REG. 7/21/54
REGISTRAR'S SIGNATURE Amanda Downey Mrs. Jas. Severe Deputy & Sec'y
24. FUNERAL DIRECTOR F. Gascha Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUL 83 1951

3776

6811 MARYLAND STATE DEPARTMENT OF HEALTH 06813

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington, Va
STREET ADDRESS (If rural, give location) 1602 - No - Filmore St.

3. NAME OF DECEASED (Type or Print) (First) Lorenzo (Middle) (Last) Robbins
4. DATE OF DEATH (Month) (Day) (Year) 7 - 8 - 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-1-82
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) California
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George L. Robbins
14. MOTHER'S MAIDEN NAME Sarah C. Babb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unk.
17. INFORMANT AND ADDRESS Elsie Thompson Martinez, Calif.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of tibia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) house
(CITY OR TOWN) (COUNTY) (STATE) Sandover - Pr. Geo. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-21-54 1.00 a.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? While at work tripped on a block of wood and fell on left knee.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney Lic. Dep. Med Exam. Hyattsville, Md 7-8-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/14/54
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) (State) Suitland Md.
DATE REC'D BY LOCAL REG. 7/15/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C778

06814

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattsville
LENGTH OF STAY (in this place): 12 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington D.C.
STREET ADDRESS (If rural, give location): 1335 Quincy St N.E.

3. NAME OF DECEASED (Type or Print): Catherine (First) (Middle) Roberts (Last)
4. DATE OF DEATH: July 9 1954 (Month) (Day) (Year)

5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-11-1902
9. AGE last birthday: 52 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sacred Heart Home records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adeno-carcinoma of right ovary with generalized metastasis — 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Jul 9, 1954, that I last saw the deceased alive on July 8, 1954, and that death occurred at 8:15a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas F Collins MD
ADDRESS: 322 H Street NE
DATE SIGNED: 7/9/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: July 12/54
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: July 9, 1954
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy (Local Reg.)
24. FUNERAL DIRECTOR: W. W. Tallavull
ADDRESS: 3619-14th NW D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1914
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06815

6842 CERTIFICATE OF DEATH Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Brentwood; LENGTH OF STAY (in this place) /; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3902-37th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood; STREET ADDRESS (If rural give location) 3902-37th Place

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Harry (Last) Russell

4. DATE OF DEATH: (Month) (Day) (Year) 7-30-1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9/25/1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Roofer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed Middleton Roofing Co. Washington D.C.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Russell

14. MOTHER'S MAIDEN NAME: Charlotte Wylie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): /

16. SOCIAL SECURITY No.: 579-09-8530

17. INFORMANT & ADDRESS: Mrs. Helen Jackson 3902-37th Pl. Brentwood, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart & Kidney Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Malnutrition - Senility

DUE TO (c) Acute Congestive Failure

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/26 1954 to 7/30, 1954, that I last saw the deceased alive on 7/30, 1954, and that death occurred at 8:45 pm, from the causes and on the date stated above.

SIGNATURE George J. Hageage (Degree or title) ADDRESS 871-38th St Rainier DATE SIGNED 7/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8/2/54; NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.; LOCATION (City, town, or county) Colmar Manor, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-2-54; REGISTRAR'S SIGNATURE Mrs Jas. Lawrence Deputy Registrar

24. FUNERAL DIRECTOR Hallen Funeral Home Inc. ADDRESS 3200-R.I. Ave. Mt. Rainier, Md.

VS. A15

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06816

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 WK.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural, give location) 4914 - 49th Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Salzman

4. DATE OF DEATH (Month) (Day) (Year) July 5, 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-31-74?
9. AGE last birthday 80? yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Lineman
10b. KIND OF BUSINESS OR INDUSTRY C.F.P. Tele. Co
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Salzman
14. MOTHER'S MAIDEN NAME Caroline Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Raymond Salzman - Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Renal Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1954, to July 5, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE Charles C. Hageage (Degree or title) M.D. ADDRESS Mt. Rainier, Md. DATE SIGNED July 5, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/7/54
NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. 7/6/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

06817

6813

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 210 Oakwood Street SE

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) (Last) Schneider

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 28, 1922
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Richtman
14. MOTHER'S MAIDEN NAME: Hedwig Freund

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George Schneider, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage and shock
DUE TO
Antecedent cause(s) (b) Laceration of carotid artery
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Central Ave
21c. (City or town) Ritchie (County) P.G. (State) Md

21d. TIME OF INJURY (Month) 3 (Day) 29 (Year) 54 (Hour) 5:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? occupant of auto in a collision

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James I. Boyd M.D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 1
NAME OF CEMETERY OR CREMATORY: New Mt. Lebanon
LOCATION (City, town, or county): Iselin (State) N.J.

DATE REC'D BY LOCAL REG. 7/31/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch Sons ADDRESS Hyattsville Md.

3198

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A-5-53

AUG 4 1 34

06818

C843

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights | LENGTH OF STAY (in this place) 42 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 901-64-Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Hgts.
STREET ADDRESS (If rural, give location) 901-64-Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Blanche Lacy Shadd

4. DATE OF DEATH (Month) (Day) (Year) July 14 1954

5. SEX Female | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 1881 | 9. AGE last birthday 72 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Char Woman | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt. | 11. BIRTHPLACE (State or foreign country) Montgomery Co. Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Amanda White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If | (If yes, give war or dates of service) No | 16. SOCIAL SECURITY No. | 17. INFORMANT Ralph S. Shadd, Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Heart Disease ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1948, to July 14 1954, that I last saw the deceased alive on July 14, 1954 and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. S. Beeson M.D. 4422 Hunt Pl. N.E. Washington 7-14-54

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 7-17-54 | NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | LOCATION (City, town, or county) (State) Benning Rd S.E. Wash. D.C.

DATE REC'D BY LOCAL REG. July 15-54 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR H. S. Washington & Sons | ADDRESS 467 N ST. N.W. Wash. 1, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 20 1954
BUREAU V. S.

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06819

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5600 Henderson Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills
STREET ADDRESS (If rural, give location) 4901 Hagan Road

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) WILLIAM (Last) SHARPER
4. DATE OF DEATH (Month) July (Day) 17, (Year) 1954
5. SEX Male White
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 30, 1907
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist
10b. KIND OF BUSINESS OR INDUSTRY Flower
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Frederick Sharper
14. MOTHER'S MAIDEN NAME Bessie A. Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Yes-Unknown
17. INFORMANT Mrs. Ethel C. Sharper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shot gun wound of the head

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Place of death (CITY OR TOWN) Temple Hills (COUNTY) P. G. (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 17 (Year) 54 (Hour) P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with a shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) JAMES I. BOYD M.D. ADDRESS Forestville, Md. DATE SIGNED 7/18/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 20, 1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Prince George County, Md. (State)
DATE REC'D BY LOCAL REG. July 20, 54
REGISTRAR'S SIGNATURE Carrie T. Campbell
24. FUNERAL DIRECTOR W. W. CHAMBERS ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6814

CERTIFICATE OF DEATH

06820

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly 38
LENGTH OF STAY (in this place) 2 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillside
STREET ADDRESS (If rural give location) 1306-50th Ave

3. NAME OF DECEASED: (Type or Print) (First) RHODA (Middle) FRANCES (Last) SIMMONS

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 2, 1873.
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Adams County, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Dearinger
14. MOTHER'S MAIDEN NAME: Lucinda Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Elza Job - 1306-50th Ave Hillside, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 15 years

ANTECEDENT CAUSE (B) DUE TO with generalized arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1940, to July 7, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 7 12 P M, from the causes and on the date stated above.

SIGNATURE William Brainin M.D. ADDRESS 6114 Central Ave, Capitol Hgts Md DATE SIGNED 7/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/10/54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 7/10/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co., ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

JUL 14 1
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 245

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park X

LENGTH OF STAY (in this place) 4 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4414 Colesville Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Lackawana

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Scranton

STREET ADDRESS (If rural, give location) 1007 Fairfield St

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Ethel (Last) Smith

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 1, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Coal Co. Retired

11. BIRTHPLACE (State or foreign country): Scranton Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry William Smith

14. MOTHER'S MAIDEN NAME: Evaline Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Howard M. Smith Bro. Same as # one.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary sclerosis with occlusion DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive heart disease

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 7/17/54 NAME OF CEMETERY OR CREMATORY Abington Hill Cemetery LOCATION (City, town, or county) S. Abington (State) Pa

DATE REC'D BY LOCAL REG. 7/15/54 REGISTRAR'S SIGNATURE Amanda Downey 7/17/54 James Devey

24. FUNERAL DIRECTOR F. Gosche Sons Hyattsville, Md ADDRESS

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 19[illegible]
BUREAU V. S.

Items 8&18 Film G168A 8-11-54 ams

6846

06822 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24/5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Rogers Heights
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5303 Hamilton St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Rogers Heights
STREET ADDRESS (If rural, give location): 5303 Hamilton St

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) (Last) Southard

4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Twins

8. DATE OF BIRTH: 7-15-54

9. AGE last birthday: 8½ mo. Twins — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: Frank Vincent Southard

14. MOTHER'S MAIDEN NAME: Joann Louise Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mother as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Undetermined — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) (No further information - 8-11-54, — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:**

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7-15-54

BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/16/54
NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
LOCATION (City, town, or county): Bladensburg
(State): Md.

DATE RECD BY LOCAL REGR. 7/16/54
REGISTRAR'S SIGNATURE: Amanda Downey
July 19/54 James Dorsey

24. FUNERAL DIRECTOR: J. Harold Sons
ADDRESS: Hyattsville, Md.

RECEIVED
JUL 20 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06823

6783 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the figures of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (In this place): 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 512 Elm Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 3018 North Quincy Street,

3. NAME OF DECEASED (Type or Print): (First) CHRISTINE (Middle) (Last) STAINER

4. DATE OF DEATH: (Month) July (Day) 15th, (Year) 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 24th 1954

9. AGE last birthday: yrs. — If under 1 year: Months — Days 2 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None--Infant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cedric Stainer

14. MOTHER'S MAIDEN NAME: Ethel Mary Grant-de-Longeueil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Cedric Stainer 3018 N. Quincy St., Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital heart disease (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital cranial defect

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md 7-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 16/54

NAME OF CEMETERY OR CREMATORY: Washington Nat'l Cem.

LOCATION (City, town, or county) (State): Suitland Rd., Pr.Geo.Md.

DATE REC'D BY LOCAL REG.: July 15, 1954

REGISTRAR'S SIGNATURE: James Devery

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers Co. 1400 Chapin St.N.W. Washington, D.C.

RECEIVED
JUL 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0682

C815

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cleverly Md
LENGTH OF STAY (in this place) Lived
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kent Village
STREET ADDRESS (If rural give location) 2818 74th Ave

3. NAME OF DECEASED: (Type or Print) (First) AUGUSTUS (Middle) DAVID (Last) STRATTON

4. DATE OF DEATH: (Month) July (Day) 30. (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 12, 1884

9. AGE last birthday: 70 yrs.

If UNDER 1 YEAR: Months Days

If UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad

10B. KIND OF BUSINESS OR INDUSTRY: Electrical Engineer

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Frank H. Stratton

14. MOTHER'S MAIDEN NAME: Maria Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Marion Stratton Kent Village Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Myocardial Insufficiency

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Generalized Arteriosclerosis.

(C) Coronary Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Accident

19A. DATE OF OPERATION: /

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10 ....., 1954 to 7-30 , 1954, that I last saw the deceased alive on 7-28 , 1954, and that death occurred at 6:17A M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Hyattsville Md DATE SIGNED 7-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): transportation

DATE THEREOF: 7/30/54

NAME OF CEMETERY OR CREMATORY: Blossburg

LOCATION (City, town, or county) (State): Pa

DATE REC'D BY LOCAL REGISTRAR: 7/30/54

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Gascts Son ADDRESS: Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

AUG 4 [illegible]

BUREAU V. S.

C816

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06825

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2601 Cheverly Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. — COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) C. (Last) Striegnitz
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: ?
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Sacona Rest Home Cheverly Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Azotemia — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriolar Nephrosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ? — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1953, to July 5, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C P Ingel MD 1222 Monroe N.E. 7/5/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: July 9, 1954 — NAME OF CEMETERY OR CREMATORY: Arlington — LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG. 7/6/54 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: George Chase Funeral Home 5101 Wisc. Ave. N.W.

RECEIVED
JUL 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06826

6817

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beverly; LENGTH OF STAY (in this place) 11 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; STREET ADDRESS (If rural give location) R.F.D. #1, Box 138

3. NAME OF DECEASED: (First) Franklin (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 11, 1907

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Thomas

14. MOTHER'S MAIDEN NAME: Daisy Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: David Thomas, Laurel R.F.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Pulmonary Hemophysis — INTERVAL BETWEEN ONSET AND DEATH: 11 hrs.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: Pulmonary Tuberculosis — not known.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ?

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9-, 1954, to 7-9-, 1954, that I last saw the deceased alive on . . . . . 19 . . , and that death occurred at 2:20 P M, from the causes and on the date stated above.

SIGNATURE Albert Roth M. D. ADDRESS Ruxton DATE SIGNED 7-10-54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: July 12 1954 — NAME OF CEMETERY OR CREMATORY: Bloom Cemetery — LOCATION (City, town, or county) (State): Anne Arundel to Md

DATE REC'D BY LOCAL REGISTRAR: July 12-54 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Ridgely Selby — ADDRESS: 401 Wash Ave Towson Md

VS. A15—10-53

7/10/54

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06827

CERTIFICATE OF DEATH

6818 Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly LENGTH OF STAY (in this place) 10 days 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coral Hill.
STREET ADDRESS (If rural give location) 1602 - 52nd Ave -

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 24-1880

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

I60X

IMMEDIATE CAUSE (A) Massive Pulmonary Embolism — instant.

ANTECEDENT CAUSE (B) DUE TO Phlebo. Thrombosis — 7 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-14 ., 1954, to 7/24 ., 1954 that I last saw the deceased alive on 7/23, 1954, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

SIGNATURE Albert Roth M.D. ADDRESS M. D. Laurel DATE SIGNED 7-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/27/54 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR July 24/54 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR L.A. Funeral Home — ADDRESS Washington

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUL 27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06828 2045

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 3220 Chillum Rd
COUNTY Prince Geo MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hyatt Rosin Va D.C. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3220 Chillum Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 449 Decatur St NW

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) Robert (Last) Tobin
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Jan. 14, 1896
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Pressman
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): St Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Edward Tobin
14. MOTHER'S MAIDEN NAME: Emeelora F. Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 158-09-8516
17. INFORMANT & ADDRESS: Mrs. Myrtle E. Newton 449 Decatur St NW

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
571X Immediate cause	(a) Congestive heart failure DUE TO	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalized Toxemia DUE TO	
	(c) Gastro enteritis	10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1954, to July 24, 1954, that I last saw the deceased alive on July 23, 1954, and that death occurred at 5:25 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W.F. Ellman M.D. 401 Kennedy St NW DC 7/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 7/26/54
NAME OF CEMETERY OR CREMATORY ASHLAND-OAKLAND.
LOCATION (City, town, or county) ST JOSEPH
(State) MO

DATE REC'D BY LOCAL REGISTRAR July 25 1954
REGISTRAR'S SIGNATURE Mrs. Jas Severe Deputy Registrar
24. FUNERAL DIRECTOR W.W. Chambers Co
ADDRESS 409 Clayton St NW Wash D.C.

VS. A15

RECEIVED
JUL 27 1954
BUREAU V. S.

06829

MARYLAND 6819

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place): 24 yr. 10 mo. 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2932 Upton St. N.W.

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) D. (Last) VAN NEST
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4-22-1881
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gilbert Randolph
14. MOTHER'S MAIDEN NAME: Phoebe Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Julia A. Sheppard Sparta New Jersey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Chronic Myocarditis & Endocarditis — Several Years

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): General & Cerebral Arteriosclerosis — " "
(c): Femoral Thrombosis (Left Leg) — 1 day.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1951, to 7-23, 1954, that I last saw the deceased alive on 7-23-1954, and that death occurred at 11:58 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James P. Landa, M.D. ADDRESS: Laurel Sanitarium, Laurel, Md. DATE SIGNED: 7-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: 7/26/54
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: July 24" 1954
REGISTRAR'S SIGNATURE: M. Brashears — July 29-54
24. FUNERAL DIRECTOR: Martin W. Myong Co.
ADDRESS: 1300 N.St. N.W.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07822

6820 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bristol
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Wallace

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: 10 July 1954.
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 8 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Earl Hall
14. MOTHER'S MAIDEN NAME: Thelma Tivola Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Grandmother - Alice Thelma Wallace

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Diarrhea
DUE TO
ANTECEDENT CAUSE (B) Dehydration
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Icterus (prob. hepatitis)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 .., to ....., 19 .., that I last saw the deceased alive on ....., 19....., and that death occurred at 4 45 AM, from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen M. D. ADDRESS College Park DATE SIGNED 7/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/18/54 2074 1562
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr
ADDRESS Supt

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 20 1934
BUREAU V. S.

06830

MARYLAND 6821

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place) 1 Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4502 Beachwood Rd

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) MALCOLM (Last) WATKINS

4. DATE OF DEATH (Month) July (Day) 3. (Year) 1954

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 8. 1901
9. AGE last birthday 52 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real estate & Builder
10b. KIND OF BUSINESS OR INDUSTRY Own Business
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Thomas E. Watkins
14. MOTHER'S MAIDEN NAME Rosa Mofley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hazel M. Watkins College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary thrombosis	1 hr
Antecedent cause(s) (b)	Pneumonia virus	4 ds
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	0 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 1954, to 7-3, 1954, that I last saw the deceased alive on 7-3, 1954, and that death occurred at 1:30 a m. from the causes and on the date stated above.

SIGNATURE Leonard Hays M.F. (Degree or title) Hyattsville, Md ADDRESS DATE SIGNED 7-3-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/6/54
NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery
LOCATION (City, town, or county) Mt Airy (State) Md

DATE REC'D BY LOCAL REG. 7/5/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch & Sons Hyattsville ADDRESS Md

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06831

6822

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERLY 38
LENGTH OF STAY (in this place) 4½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE GEORGES GENERAL CHEVERLY MD 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY PRINCE GEORGES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 14 COLLEGE PARK, MD.
STREET ADDRESS (If rural give location) 6801 BALTIMORE BLVD.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) (Last) WILSON

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Thompson

14. MOTHER'S MAIDEN NAME: Mary E. Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Elizabeth Follis Same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (S) DUE TO (B) Generalized arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH 5 D

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1954, to 1-7, 1954, that I last saw the deceased alive on 1-6, 1954, and that death occurred at 3:55 A. M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS College Park Md DATE SIGNED 1-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1/9/54

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR 1/8/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gaeths Sons ADDRESS Hyattsville Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 12 1954
BUREAU V. S.

6847 MARYLAND STATE DEPARTMENT OF HEALTH 06832

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Item 4 film G168A 7/26/54 cm

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco X
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 381 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Christine (Middle) (Last) Woodland
4. DATE OF DEATH (Month) 7 (Day) 20, (Year) 1954
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-20-54
9. AGE last birthday yrs. If under 1 year Months 5 Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Nelson Woodland
14. MOTHER'S MAIDEN NAME Henrietta Douglas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mother same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

544.2

Immediate cause (a) Toxemia, exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gastero intestinal upset

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James F. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 7/20/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 20-54
NAME OF CEMETERY OR CREMATORY Bryantown Catholic
LOCATION (City, town, or county) Bryantown Char Co Md (State)
DATE REC'D BY LOCAL REG. July 20, 1954
REGISTRAR'S SIGNATURE F H Billingsley
24. FUNERAL DIRECTOR Robert Douglas Aquasco, Md. ADDRESS acting

4024242406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 22 1954
BUREAU V. S.